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REPORTS INVENTORY								DDS-OTR-LS-16		
I. TITLE OF REPORT (if a fill-in report include Form No.) IANGUAGE TRAINING REPORT								2. TYPE OF REPORT	XXX STATISTICAL XXX MARRATIVE	
3. FUNCTIONAL A	AREA	LOG	PERSONNEL LOGISTICS MEDICAL		TRAINING SECURITY FINANCE			MACHINE-NAME LISTING ADMIN. GENERAL OTHER (specify)		
				y, month				DISTRIBUTION (No. of components not number of copies)		
7. FORMAT (memorandum, form computer print-out, etc) Memo 8. ADP PROCESSING YES IF YES G				IVE ADP	9. DIRECTIVE ADP PROCESSING NO. DTR V				ITY REQUIRING REPORT	
IO. PREPARING CO contributing	F	II. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) 6 (Reports by IS Dept. Chiefs, Branch Chiefs and Registrar.)								
				12. (COST FACTO	ORS				_
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